Highlights

- According to the August 2015, there has been a dramatic increase (about 58%), in the number of conflict affected IDPs in the three North East states reaching almost 2 million compared to the figures in June 2015. The Borno IDP population has increased the most (by 65%) with 1.65 million IDPs. The number of returns in Adamawa has also increased (by 18%) to 262,324.
- An outbreak of cholera has occurred in 4 IDPs and some surrounding communities. As of 1st October, a total of 554 cases with 15 deaths and a case fatality rate CFR) of 2.7% recorded since the outbreak was reported (7th September).
- UNICEF supported a multisector rapid assessment conducted during the 7-14 September by the National Bureau of Statistics (NBS) in Borno and Yobe states. The purpose of the assessment was to gain a more comprehensive understanding of the needs of host communities affected by the conflict and displacement.
- 49,754 children have been reached through psychosocial support services in 143 communities and 22 IDP camps in the three North East states, through a network of 474 trained community volunteers.
- 6,300 children (3,555 girls and 2,745 boys) have been able to undertake schooling in a more conducive environment with the provision of 58 additional tents and 1,250 mats distributed to partners. To date, the total number of children reached is 94,397.
- A new IDP camp was established in Dikwa LGA in Borno state. The camp hosts approximately 7,500 IDPs. Integrated Primary Health Care (PHC) services were provide through UNICEF support to the state. UNICEF provides support to 27 IDP camps in the North East – Yobe (2); Borno (20) and Adamawa (5).
- From January to August 2015, 41,340 children under five with SAM were newly admitted for treatment in the states of Adamawa, Borno, and Yobe.
- Since the beginning of the year, 181,843 conflict affected people (IDPs and host communities) have benefitted from improved access to potable water through the support of UNICEF and its implementing partners.
- As of 30 September 2015, UNICEF has received around $14.8 million USD against its 2015 HAC requirements of $ 26.5 million USD (56% of total requirements); with a funding gap of 44% remaining.
Situation Overview & Humanitarian Needs

Since 2011, the population of the North East of Nigeria has been affected by the insurgency between Jama’atu Ahlis Sunna Lidda’awati wal-Jihad, commonly known as ‘Boko Haram’, and governmental forces. The government declared a State of Emergency (SoE) on 14 May 2013 in the three North Eastern states of Borno, Yobe, and Adamawa and imposed curfews. The Senate has not yet formally extended the State of Emergency from November 2014 onwards. As of August 2015, according to IOM’s DTM report there has been a dramatic increase (by 58%) in the number of conflict affected IDPs in the three North East states reaching almost 2 million compared to the figures of June 2015. Since June 2015, the Borno IDP population has increased the most (by 65%) with 1.65 million IDPs. The number of returns in Adamawa state has also increased (by 18%) to 262,324.

While the general security situation across the country is relatively stable, the situation remains volatile in certain areas of the North East. According to the most recent post-campaign data from Polio IDP activities in September 2015, improvement in the general security environment has resulted in increased UNICEF programme access in Adamawa (approx. 98%) and Yobe (approx. 78%). In Adamawa, the inaccessible areas are limited to Madagali local government area (LGA). In Yobe, there was localized flooding in parts of Barde and Jakusko LGAs and ongoing military operations/security incidents in parts of Geidem and Damaturu LGAs. In Borno, however, only about 36% of the state is accessible to programmes largely due to security issues.

UNICEF supported a multisector rapid assessment conducted during the 7-14th September by the National Bureau of Statistics (NBS) in Borno and Yobe states. The assessment targeted 26 local government and 660 households as well as 97 health facilities. The purpose of the assessment was to gain a more comprehensive understanding of the needs of host communities affected by conflict and displacement. Data collected from household and health facility surveys will be supplemented with information collected through focus group discussions at the community level and key informant interviews with authorities at state and local government level. Preliminary findings of the assessment are expected mid-October.

Challenges continue regarding the access to education for IDP children in host communities. However, in the last month, there was an agreement for the relocation of IDPs presently occupying schools to permanent sites in Borno in preparation for the opening of some schools. At community level, a massive enrolment drive has been targeting out-of-school children in 1,000 host communities to return to the classroom as part of back to school campaigns in Borno Yobe and Adamawa.

In September, UNICEF in collaboration with International Alert, embarked on a rapid assessment of the situation and needs of, as well as the risks to children born out of sexual violence, in order to inform the development of programmes that ensure support and safety for these highly vulnerable groups.

A cholera outbreak in Maiduguri in Borno state, is affecting 5 IDP camps (Goni Kachallari, Sanda Kyarimi, Farm center, ATC, and Teachers village) and some of the surrounding communities with the first reported case being 29 days ago. As of 1st October, a total of 554 cases with 15 deaths and case fatality rate (CFR) of 2.7% recorded since the 7th of September. Although significant progress has been made in reducing the Case Fatality Rate from 6.4% at the beginning of the outbreak to 2.7% as at 5th October 2015 it is still above acceptable limit of 1 percent. The proportion of the cases coming from the camps is 67 percent with 33 percent coming from communities in surrounding areas. The table below shows the number of cases and deaths since the beginning of the outbreak.
Humanitarian leadership and coordination

UNICEF actively participates in the Humanitarian Country Team and the Inter-Sector Working Group (ISWG). The HCT provides strategic leadership, policy development and engagement with the Federal Government and meets under the leadership of the UN Resident Coordinator on a monthly basis. The ISWG promotes sectoral response and coordination. UNICEF leads the Education, WASH and Nutrition sectors as well as the Child Protection sub-sector.

The Child protection Sub-Working Group is operational at Federal and Borno state levels. Child Protection is a standing item on the Protection Sector Working Group (PSWG) in Adamawa and Yobe states. A new Child Protection Sub-Sector Coordinator has been provided by the Protection Standby Capacity Project (ProCap) for six months.

Coordination of Education in Emergencies (EiE) interventions in the North East has been further strengthened by the establishment of Sector Working Groups in Yobe and Borno States. Two Education Consultants have been newly recruited and are now facilitating programme implementation. Back to School campaigns were launched at end September in Borno, Yobe and Adamawa states under the coordination of the State Coordination Committees (SCC) of the Safe School Initiative (SSI). The EiE WG has been further expanded to include new partners.

Nutrition coordination among partners, including ACF, IMC, Save the Children, IRC and USAID, regarding on-going or planned nutrition interventions in the North East has been accelerated. Fortnightly Nutrition in Emergencies (NiE) Working Group meetings are held in Abuja and Borno while monthly meetings are held in Yobe and Adamawa.

UNICEF is working in the 3 states (Borno, Adamawa, and Yobe) to support State Ministries of Health in the coordination of emergency health response in IDP camps and in host communities with high concentration of IDPs. In Borno state, UNICEF is providing support to the State Primary Health Care Development Agency (SPHCDA) to coordinate monthly coordination meetings with all humanitarian partners. UNICEF and WHO are also working to strengthen the state’s coordination and response capacity regarding the cholera outbreak in Maiduguri.

UNICEF continues to provide co-leadership for WASH sector coordination at the national and sub-national levels. UNICEF co-chairs the WASH Sector Emergency Working Group with the Federal Ministry of Water Resources (FMWR) at the national level. At the sub-national level, UNICEF co-chairs the WASH Sector Emergency Working Groups with the State Ministries of Water Resources (MoWR). The sub-national working groups in Adamawa, Yobe and Borno states meet bi-weekly with sector partners, including international and national NGOs, SEMA, and field offices of national water and sanitation authorities. In Borno state, UNICEF in collaboration with State Ministry of Water Resources and other sector partner conducted a joint WASH assessment in Galtimari host community as well as in Gubio and Farm Center IDP camps to identify gaps and needs of new IDPS arriving from Adamawa state.
### Summary Analysis of Programme Response

<table>
<thead>
<tr>
<th>Sector</th>
<th>Sector Response</th>
<th>UNICEF and IPs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015 Target</td>
<td>Total Results</td>
</tr>
<tr>
<td>WATER, SANITATION &amp; HYGIENE</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of conflict affected people including IDPs and host communities provided with access to safe water per agreed standards</td>
<td>462,504</td>
<td>249,802</td>
</tr>
<tr>
<td># of conflict affected people benefitting from improved sanitation</td>
<td>136,762</td>
<td>95,360</td>
</tr>
<tr>
<td># of conflict affected persons benefiting from hygiene promotion messages</td>
<td>111,104(^1)</td>
<td>509,799</td>
</tr>
<tr>
<td>EDUCATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td># Displaced children access education in a protective and safe learning environment</td>
<td>452,620</td>
<td>65,051(^2)</td>
</tr>
<tr>
<td># Conflict affected school aged children reached with pedagogic materials</td>
<td>905,240</td>
<td>102,810(^3)</td>
</tr>
<tr>
<td>HEALTH</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of conflict affected pregnant women and children under 5yrs that have received LITNs</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td># of conflict affected people reached with emergency PHC services</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td># Children &lt;5 screened using MUAC</td>
<td>434,376</td>
<td>183,053</td>
</tr>
<tr>
<td># Children &lt;5 with SAM admitted to therapeutic feeding programmes</td>
<td>75,859</td>
<td>41,340</td>
</tr>
<tr>
<td>% Children &lt;5 with SAM who recovered under treatment</td>
<td>&gt;75%</td>
<td>82%</td>
</tr>
<tr>
<td>CHILD PROTECTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of conflict affected children reached with psychosocial support</td>
<td>92,400</td>
<td>66,956</td>
</tr>
<tr>
<td># of conflict affected children referred to specialist support services where required</td>
<td>3,050</td>
<td>120</td>
</tr>
<tr>
<td># of unaccompanied and separated children identified</td>
<td>3,500(^4)</td>
<td>2,614</td>
</tr>
<tr>
<td># Separated and unaccompanied IDP children reunified with families or placed in alternative care arrangements(^5)</td>
<td>2292</td>
<td>308</td>
</tr>
</tbody>
</table>

\(^1\) Sector target and UNICEF target on this indicator to be reviewed by WASH Sub-working Group to reflect beneficiaries reached and gaps in coverage (as applicable)

\(^2\) Not all sector partners have provided update for the reporting period- this is partial data for this reporting period

\(^3\) Not all sector partners have provided update for the reporting period- this is partial data for this reporting period

\(^4\) Sector target to be reviewed in the next Child Protection Sub Working Group meeting to reflect increased beneficiary reach.

\(^5\) This is an aggregate indicator for the time being recognizing that there may be different needs and responses as the situation evolves.
WASH

In response to the on-going cholera outbreak and to improve access to WASH facilities, UNICEF supported the Borno Rural Water and Sanitation agency (RUWASA) to continue the daily chlorination of underground water storage reservoirs in IDPs camps (NYSC, Government Girls College, Sanda Shehu Kyarimi, CAN Centre, Women Teachers College, Yerwa, Arabic Teachers College (ATC) and Goni Kachallari camps) to benefit 36,539 people (men 10,580, women 11,575, boys 7,181, girls 7,203). UNICEF continues to support RUWASA to ensure operation and maintenance of generators to sustain water supply to 50,536 people (men 10,334, women 16,575, boys 10,032, and girls 13,595) in Dalori, Government College, NYSC, ATC, Women Teachers College and Teachers Village IDP camps.

Thirty hand washing facilities with 0.05% chlorinated water (20 at Dalori and 10 at Goni Kachellari IDPs camp) were installed in strategic locations to promote hand washing to help reduce risk of transmission. UNICEF/RUWASA strengthened IDPs’ access to safe drinking water in Dalori IDPs camp through construction of water distribution stands fitted with 10 outlets each; 2000 households were reached with the distribution of 2000 packs of water chlorination tablets in Goni Kachallari IDP camp with sensitization on safety and end-user instructions using local language.

UNICEF in partnership with RUWASA reached 11,975 people (men 1,847, women 3,013, boys 2,970, and girls 4,145) with key hygiene messages including handwashing demonstrations. Key hygiene messages were disseminated to 350 conflict affected people (male 51, female 136, boys 74, and girls 89) in Galtimari primary informal IDP camp. UNICEF also supported RUWASA in hygiene promotion and distribution of standard hygiene and dignity kits at Fori and Galtimari informal IDP camps to benefit 750 IDPs. Latrines were de-sludged in CAN Centre IDP camp benefitting 1,985 people (men 974, women 877, boys 78, girls 56).

UNICEF in collaboration with Borno Rural Water and Sanitation agency (RUWASA) and Borno State Environmental Protection Agency (BOSEPA) commenced sand filling at NYSC IDPs camp to mitigate the risk of flooding in the camp and prevent outbreaks of WASH related diseases and UNICEF in collaboration with BOSEPA commenced general environmental sanitation and solid waste disposal in 14 IDP camps.

In Adamawa, UNICEF supported the state Rural Water Supply and Sanitation Agency (RUWASA) to reach 3,074 conflict affected people with the rehabilitation of 2 hand pumps in Malkohi camp and another 2 in Malkohi host community; 485 conflict affected people benefitted from 4 latrines rehabilitated in Malkohi community and 503 conflict affected people benefitted from hygiene promotion sessions conducted in Malkohi community as well NYSC and Malkohi camps In Yobe State, IDPs in Kaisasa and Kukakareta camps were registered for the distribution of hygiene kits by Yobe RUWASA in partnership UNICEF. Similar exercise is ongoing at Pompamari and Bukar Ali IDPs camps.

Education

Approximately, 6,300 conflict affected children benefitted (3,555 girls and 2,745 boys) from UNICEF supported education activities to promote learning in a conducive environments; UNICEF provided 58 (72msq) tents⁶ and 1,250 mats to state partners In addition, to support Back to school campaigns in the north east, 52,509 language-sensitive (Fulfude, Kanuri, Hausa and English) communication materials have been produced and distributed.⁷ Radio jingles and messages by public announcers were also aired as part of the campaign awareness. UNICEF provided implementing partners 25,765 school bags (Yobe-10,000; Borno-8765; Adamawa-7,000) along with classroom supplies in the three states as part of the campaign.

In response to the current cholera outbreak in 3 of the IDP camps, the Education Sector response has been focused on raising awareness of the need to increased hygiene and sanitation, through the dissemination of posters in schools with key WASH messages. A total of 2,500 posters have been made available in Borno for use in the affected camps. It is hoped that these messages can be carried home by children to their parents to promote behavioural change.

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⁶ The number of tents provided per state include, 20 in Borno, 16 in Adamawa and 22 in Yobe
⁷ This includes posters 21,000, flyers 17,200; T-shirts 13,300 and 9 Banners
Health

UNICEF is supporting the Borno State Ministry of Health and the State Primary Health Care Development Agency (SPHCDA) to provide integrated primary health care (PHC) services to IDPs host communities. To date, a total of 217,804 conflict affected people (37,124 men, 79,934 women and 100,746 children) have been reached with the PHC services offered through the camps, host community clinics and outreach clinics. Support continues for 28 health facilities in 5 local government areas (MMC, Jere, Biu, Kaga and Konduga), hosting large populations of IDPs.

In the past month, a new camp was established in Dikwa Town in Dikwa LGA for people liberated by the military from various villages and communities in the area. Over 75,000 IDPs in Dikwa camp have been reached with integrated primary health care services through the support UNICEF has provided to the SPHCDA. In total, 20 IDP camps are being covered through UNICEF support.

Immunization activities in the IDP camps reached 41,712 children aged between 6 months to 15 years with measles vaccines; 31,508 children aged between 14 weeks-5 years were immunized with Inactivated Polio Vaccine (IPV), 51,605 children under 5 years with Oral Polio Vaccine (OPV), and 44,031 children aged between 6 months to 5 years received Vitamin A and 40,946 children aged between 6 months to 5 years received deworming tablets. Antenatal Care (ANC) services were provided by skilled attendants reaching 4,425 pregnant women; 632 deliveries were conducted in the camps. Long lasting mosquito nets have been distributed in the camps reaching 25,150 people.

In the last 2 months, UNICEF started supporting improving referral services through the covering operational costs of 6 ambulances deployed to the IDP camps, as well as provision of essential drugs and medical supplies to the designated referral hospitals. So far 322 patients with various medical conditions have benefitted from the ambulance/referral services.

During the reporting period, an outbreak of cholera in 3 of the IDP camps (Goni Kachalari, Sanda Kyarimi and Farm Centre) and some communities was reported in Maiduguri. In order to improve access to health services by IDPs in the camps, additional health workers were engaged in the 5 affected camps to provide 24 hour services.

UNICEF is supporting Yobe SPHCDA to provide integrated PHC services for IDPs in the two permanent camps through dedicated outreach teams as well as providing integrated PHC services to conflict affected people living in 40 selected host communities with large IDP populations. The situation in the camps is relatively stable with no outbreak or diseases or influx of IDPs.

To date, a total of 112,941 conflict affected people (21,079 men, 25,978 women and 65,884 children) have benefitted from the PHC services. Measles immunization has reached 35,811 children between the ages of 6 months to 15 years, 13,627 children aged between 14 weeks to 5 years were immunized with Inactivated Polio Vaccine (IPV), 29,055 children under five years of age were immunized with Oral Polio Vaccine (OPV), 26,525 children aged between 6 months to 5 years received Vitamin A and 26,182 children aged between 6 months to 5 years received deworming tablets. Long lasting mosquito nets have been distributed in the camps reaching 6,780 people.

In Adamawa State, integrated PHC services provided to the IDPs and host communities through the camp clinics, outreach services to conflict affected people in the host communities as well as support to the health facilities have so far benefitted a total of 51,792 people (8,853 men, 13,331 women and 23,956 children). Measles immunization reached 948 children this month and 1,336 children were reached with Vitamin A and 1,222 children aged 6 to 59 months were reached with deworming activities. HIV counselling and testing was conducted for 1,702 people, 6,883 women had antenatal care, bringing the total to 449,683 pregnant women reached with antenatal care. A total of 4,396 long lasting nets were distributed giving a total of 5592 nets distributed.

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8 Operational costs include fuel and incentives for ambulance drivers
Child Protection

The harmonized child protection system was finalized and approved by UNICEF, the Federal Ministry of Women Affairs and Social Development, International Rescue Committee, Save the Children and COOPI in order to ensure standardized case management and data collection on child protection cases. Training was delivered to 24 State and Federal Ministry representatives from Gombe, Adamawa, Yobe and Borno, IRC, COOPI and Save the Children on child protection case management and the inter agency child protection case management system.

The programme is currently delivering critical psychosocial support in 143 communities and 22 IDP camps through 474 trained community volunteers. Between January to August 2015, 49,754 children (including 22,553 girls) were reached representing 94% of the target of 53,000 children. Of the children reached, 29,022 (58%) have been supported in their communities in Damaturu and Potiskum in Yobe; in Biu, Hawul, Bayo, Kwaya Kusar, as well as in host communities in Maiduguri in Borno; and in Fofure, Sangare and Daware in Adamawa. Scaling up of this programme is on-going.

The programme targets both the formal camps and LGAs. In Adamawa - Fufure, Girei, Yola North and Yola South LGAs are being reached. To date, in Adamawa, 352 unaccompanied or separated children (UASC) have been identified (172 boys and 180 girls) and 122 girls and 136 boys are being supported in alternative care placements. In Borno, the programme is operational in 7 IDP camps -Teacher’s village, Dalori, NYSC, Sanda Kyarimi, WTC, Arabic Teachers Village and Bakassi. Thirty state and non-state social workers have been trained in case management. To date 809 UASC have been identified (456 boys and 353 girls). Children are being supported by a social/para-social worker in their current care arrangement to ensure they are safe and cared for. Training has been provided to 290 carers (230 females and 60 males) and 35 children (20 girls and 15 boys) have been referred to specialist services.

In Adamawa, 108 community-based child protection committee members (56 women and 52 men) were trained on child protection and their roles in identifying, managing and referring child protection cases.

Nutrition

UNICEF established emergency nutrition services in 20 IDP camps and continues Community Management of Acute Malnutrition (CMAM) services through already existing CMAM centres within the health facilities which also supports host communities. A total of 245 health facilities in the three affected North East states have been equipped, including with trained personnel on identification and management of severe acute malnutrition. The CMAM program has been expanded in the last month with 57 new sites; 20 in Borno, 20 in Adamawa and 17 in Yobe states have opened to provide CMAM program.

A total of 1,064,945 children received Vitamin A supplement and 287,091 pregnant women received Iron Folate during the maternal and child health (MNCH) in the 3 states, UNICEF is continuing the distribution of multiple micronutrient powders in IDP camps in Borno and Adamawa states, state reaching about 2,500 children aged 6-23 months and in collaboration with partners, has also established community based IYCF and awareness raising services reaching 11,673 pregnant and lactating women. Distribution will also be extended to all IDPs host communities in the three emergency states, covering over 90,000 children. Distribution of MNP is also integrated with the host community food distribution implemented by FAO and other partners to increase the nutritional value of complementary foods to children 6 to 24 months.

Training for community volunteers is on-going for IYCF services and screening activities are continuing in the IDP camps and in host communities. The major programming gap is adequately trained human resources at community level for the provision of services including IYCF, and community sensitization.

The results from the multisector rapid needs assessment that was conducted in Borno and Yobe State during September show the prevalence of severe acute malnutrition was 3.2% and 2.9% in Borno and Yobe states respectively. In relation, national nutrition survey (SMART), including the north east, has recently been completed recently, results are expected to be released in the coming month or so. More comprehensive data, including for the northeast is expected to be available with the release of national nutrition survey results.
Screening activities continue in IDP camps and host communities. Overall, 156,609 children were screened between January and mid-September 2015, of which 3.9% (6,152) were reported as severely malnourished. Ninety eight percent of identified children with SAM were newly admitted for SAM treatment (6013 children admitted out of 6152 screen). Nutrition screening has been carried out with the use of community volunteers in host communities in Adamawa state as well in Borno state. Efforts are also continuing to strengthen nutrition screening outside the camps in Yobe state through the use of community volunteers.

From January to August 2015, 41,340 children under five with SAM were newly admitted for treatment in the states of Adamawa, Borno and Yobe. This is 55% of the annual target of 75,859 children for the 3 states north east. Of the 32,455 children discharged during the reporting period, a total of 26,532 (82%) children were reported as cured. The performance indicators for cure rate remain in line with SPHERE standards (>75%) at 82%, while the defaulter rate is reported at 15%, which is the limit permissible by the SPHERE standards (<15%) and is largely due to the highly dynamic population movements observed amongst IDPs.

Communication for Development
Communication for Development (C4D) through UNICEF Maiduguri Office supported Cholera Response in IDP camps with communication tools and materials. Also, UNICEF will support the Nigeria Centre for Disease Control (NCDC) and the Federal Ministry of Health (FMoH) to do a refresher train about 400 members of the 16 Communication and Social Mobilisation EVD Rapid Response Teams which were formed in January 2015. The training will take place in October 2015 and will include 400 team members from 88 communities, located at the international borders or accommodating Airport/Seaports.

Media and External Communication
A sub-regional news note focusing on the Nigeria+ crisis was issued on 18 September, highlighting the fact that over 1.4 million children have been forced to flee the conflict in Nigeria and the region. This was widely carried in Nigerian and international media, with interviews conducted in Nigeria with the BBC and Deutsche Welle radio. UNICEF hosted a visit by Norwegian Goodwill Ambassador Vebeke Klemetsen and a team from the Norwegian National Committee to Maiduguri to record a video about girls who had been held by Boko Haram. The video will be used for fundraising purposes during a Norwegian national telethon. A human interest story has also been published and can be accessed through the following link: https://blogs.unicef.org/blog/childrens-stories-of-horror-and-hope-in-northeast-nigeria/

UNICEF also supported a visit to Maiduguri for a team of freelance journalists from China’s CCTV, resulting in several stories on CCTV as well as a story about IDPs on BBC radio and RTE – Irish radio.
Funding

As of 30 September 2015, UNICEF has received around $14.8 million against the $26.5 million in the 2015 HAC requirements. Details are provided in the below table.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Total 2015 Requirements (HAC)</th>
<th>Funding required for assistance conflict-affected population (180 day plans)</th>
<th>Funding available (HAC)</th>
<th>Funding Gap (2015)</th>
<th>% Unfunded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>6,100,000</td>
<td>2,275,924</td>
<td>7,504,495</td>
<td>-1,404,495</td>
<td>123%</td>
</tr>
<tr>
<td>Health</td>
<td>4,000,000</td>
<td>4,126,098</td>
<td>2,179,440</td>
<td>1,820,560</td>
<td>54%</td>
</tr>
<tr>
<td>WASH</td>
<td>3,900,000</td>
<td>4,959,515</td>
<td>2,353,600</td>
<td>1,820,400</td>
<td>60%</td>
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<tr>
<td>Child Protection</td>
<td>3,810,000</td>
<td>3,644,743</td>
<td>1,844,077</td>
<td>1,965,923</td>
<td>48%</td>
</tr>
<tr>
<td>Education</td>
<td>7,500,000</td>
<td>3,901,942</td>
<td>886,291</td>
<td>6,613,709</td>
<td>12%</td>
</tr>
<tr>
<td>Sector Coordination</td>
<td>1,200,000</td>
<td>209,857</td>
<td>-</td>
<td>-</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>26,510,000</strong></td>
<td><strong>19,118,079</strong></td>
<td><strong>14,767,903</strong></td>
<td><strong>11,742,097</strong></td>
<td><strong>44%</strong></td>
</tr>
</tbody>
</table>

Next SitRep: 01/10/2015

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